


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90098 016 ***158.75

DOCUMENT # P02000098621	
1. Entity Name I.S.G. INFORMATICS SUPPORT GENERAL, CORP.	

DO NOT WRITE IN THIS SPACE

10042985

2. Principal Place of Business 4815 NW 79 Ave		3. Mailing Address 4815 NW 79 Av.	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State Miami Florida		City & State Miami Florida	
Zip 33166	Country USA	Zip 33166	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 52-2378419		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name CALDERON, ALIYAD		
Street Address (P.O. Box Number is Not Acceptable)			
4815 NW 79 Av. Suite 1			
City Miami			FL 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE  **President. ALIYAD CALDERON** **03/18/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President. CALDERON, ALIYAD 4815 NW 79 Av. Suite 1 Miami Florida 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director. ROJAS, NUBIA 4815 NW 79 Av. Suite 1 Miami Florida, 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director. ROJAS, ALICIA 4815 NW 79 Av. Suite 1 Miami Florida, 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director. ROJAS, JORGE 4815 NW 79 Av. Suite 1 Miami Florida, 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALIYAD CALDERON** **03/18/03** **954 288 9172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)